

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101587,350

FILING DATE

7-26-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3		1			
5	3		1			
6	3		1			
7	1		1			
8	1		1			
9		1		1		
10	2		1			
11	2		1			
12			1			
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50						
TOTAL IND.	3		3			
TOTAL DEP.	16	←	15	←	←	
TOTAL CLAIMS	19		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						